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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

RICCIULLI, Livio

Appln. No.: 10/630,559

Filed: July 30, 2003

Title: **ON-DEMAND OVERLAY ROUTING
FOR COMPUTER-BASED
COMMUNICATION NETWORKS**

Atty. Docket No.: 2615-0012

Confirmation No.: 8636

Group Art Unit: 2145

Examiner: NGUYEN, Minh Chau

Date: January 24, 2007

RESPONSE TRANSMITTAL COVER SHEET

Hon. Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a reply/amendment/letter in the above-identified application and includes the attachments hereto. The signature below is treated as the signature to the attachments in the absence of a signature thereto.

FEE REQUIREMENTS

	<i>Claims remaining after amendment</i>		<i>Highest number previously Paid For</i>	<i>Present Extra</i>	<i>Rate: Large/Small Entity</i>	
1. <i>Total</i>	22	minus	2	*	=	X \$50 / \$ 25 = \$
* If this number is less than 20, enter "20"						
2. <i>Independent Claims</i>	5	minus	2	**	=	X \$200 / \$100 = \$
** If this number is less than 3, enter "3"						
3. If amendment enters multiple dependent claim(s) into this application for first time (leave this line <u>blank</u> if this is an <u>reissue</u> application)						\$360 / \$180 = \$
4. Original due date: October 25, 2006						
5. Petition is hereby made to extend the <u>original</u> due date to cover the date this response is filed for which the requisite fee is:						
<div>Check time period and enter appropriate fee</div> <div><input type="checkbox"/> 1 month <input type="checkbox"/> 2 months. <input checked="" type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months.</div>						<div>\$120 / \$60 \$450 / \$225 \$1020 / \$510 \$1590 / \$795 \$2160 / \$1080</div> <div>\$1020</div>
6. <input type="checkbox"/> Attached is a Petition/Fee under Rule No.						\$ \$
7. Other Fee for Information Disclosure Statement: Please charge \$180 for payment of the fee under 37 C.F.R. § 1.17(p) to our deposit account						\$180
8. Total Fee Enclosed:						\$1200

*This is a 2 page form,
continued on next page . . .*

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TRANSMITTAL COVER SHEET, PAGE 2

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9. ☒ Please charge the total fee on line 8 above to our deposit account below under the stated order number.

Our Deposit Account No.: 501860

Our Order No. (Client-Matter No.): 2615-0012

CHARGE STATEMENT: Deposit Account No. 501860, order no. 2615-0012.

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached

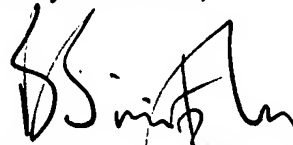
This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

CUSTOMER NUMBER

42624

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Respectfully submitted,

By: 

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